

Name
in
Full

Mathew Paul Bean.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

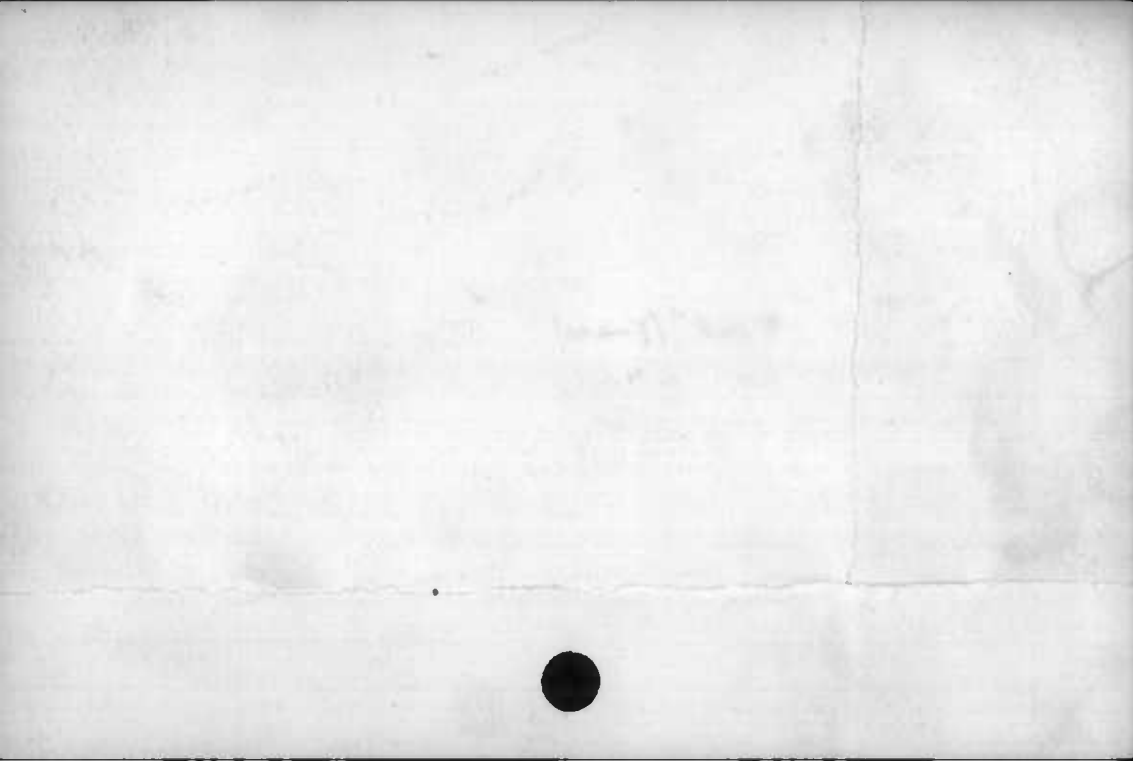
Died at		Town		County		MAYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		April	5	none	7	5	
Sex	male	Color or Race	white	Birth-place	Indian Bridge ^{Guatamile} _{KV}		
Occupation	none			Where Residing if not at place of death	at Place of death.		
Married, Single or Widowed	single		Name of Wife or Husband	none			
Father's Name	Thomas W. Bean.			Father's Birthplace	St Marys Md.		
Mother's Maiden Name	Elizabeth Emily Bean.			Mother's Birthplace	St Marys Md.		
Name of person giving information	Thomas W. Bean.			How related to deceased	Father.		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Marasmus for this lik. following operation		How long	7 weeks.
Immediate			How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	C. A. Brown, M.D.
			Address	Red Gate, St Marys co Md.
Accident or Suicide?	no			



Name
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Full

Phillip Lebert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

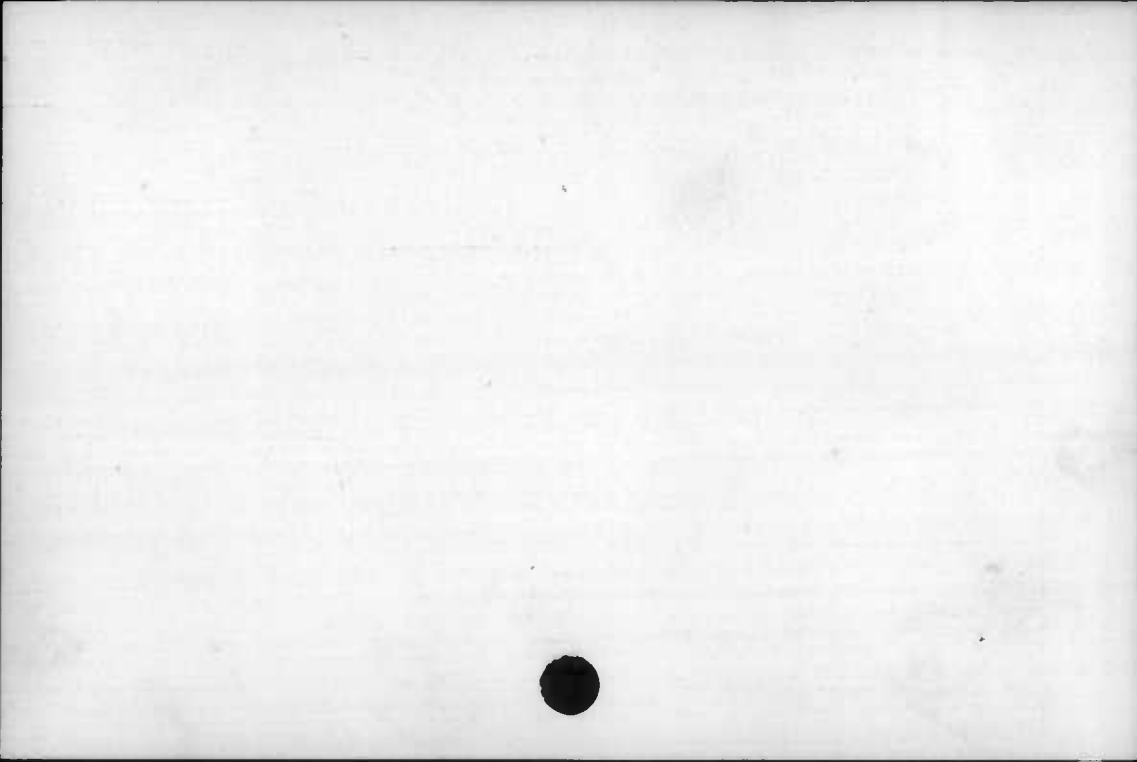
Died at <u>Town</u> <u>Fredericktown</u> <u>County</u> <u>St Marys</u>		MAYLAND	
Date of death 19 <u>90</u> <u>April</u> <u>13</u>	Age <u>78</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>St Marys Co</u>	
Occupation <u>Cook</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widowed</u>	Name of Widow Husband <u>Meridas Lebert</u>		
Father's Name <u>—</u> <u>Don't know</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Wm Alfred Summerville</u>	How related to deceased <u>not at all</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Age</u>	How long <u>12 hours</u>
Immediate <u>Cuma</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. F. Greenwell</u>
<u>8</u>	Address <u>Fredericktown</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Carrie Davis

CERTIFICATE OF DEATH

Died at *St George Island* Town *St Marys* County

MARYLAND

Date of death *1900 April 30* Month *April* Day *30* Age *38* Years Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Paul Davis*

Father's Name *John Payens* Father's Birthplace *MD*

Mother's Maiden Name *Don't know* Mother's Birthplace *MD*

Name of parson giving information *Paul Davis* How related to deceased *Husband*

CAUSES OF DEATH

120

Primary *Nephritis* How long *2 years*

Immediate *Uremic Poison* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *as far as I can see*

Signature of Physician

Address

Accident or Suicide

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NEAREST FRIEND

PHYSICIAN
OR CORONER

